

32967

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED SEP 25 1952

318

1003

8328

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2129</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hospital</u>					d. STREET ADDRESS (If rural, give location) <u>5174 Cabanne Ave.</u> <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Moses</u>		b. (Middle) <u>Johnson</u>		c. (Last) <u>Giles</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>29</u> <u>52</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>C.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>		8. DATE OF BIRTH <u>Mar. 18, 1900</u>		9. AGE (In years last birthday) <u>52</u> If UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Rail road DUTY</u>			11. BIRTHPLACE (State or foreign country) <u>St. Louis</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>-</u>	
13a. FATHER'S NAME <u>Henry Giles</u>			13b. MOTHER'S MAIDEN NAME <u>Mary L Wallace</u>			14. NAME OF HUSBAND OR WIFE <u>Mae Giles</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mae Giles, 5174 Cabanne Ave.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES DUE TO (b) <u>Post-op. anuria.</u> DUE TO (c) <u>Lower nephrons syndrome.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
19a. DATE OF OPERATION <u>8/21/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Benign prostatic hypertrophy</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. HOW DID INJURY OCCUR? <u>610X</u>							
22. I hereby certify that I attended the deceased from <u>7/12</u> , 1952, to <u>8/29</u> , 1952, that I last saw the deceased alive on <u>8/29</u> , 1952, and that death occurred at <u>1:30 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Missouri Pacific Hospital</u>				23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9.4.1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis</u> <u>mo</u>			
DATE REC'D BY LOCAL SEP 3 1952		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Atkins Bros. 3644 Finney</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John K Cunningham

Licensed Embalmer No. 4456

P. O. Address 4223 Enright

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.